

# Food Establishment Inspection Report

Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530		No. of Risk Factor/Intervention Violations	2	Date	08/11/2021
		No. of Repeat Risk Factor/Intervention Violations		1	Time In
Establishment	License/Permit #	Permit Holder		Risk Category	
Midway Duck Inn	21 100	M & T Midway Duck Inn Business Inc		I	
Street Address		Purpose of Inspection			
2112 State Route 26		Routine Inspection			
City/State	ZIP Code				
LowPoint, IL	61545				

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
**IN**=in compliance    **OUT**=not in compliance    **N/O**=not observed    **N/A**=not applicable  
 Mark "X" in appropriate box for COS and/or R  
**COS**=corrected on-site during inspection    **R**=repeat violation

**Risk factors** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>				<b>Protection from Contamination</b>			
1	In			15	In		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	Out		X	16	Out	X	
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>			
3	In			17	In		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	In			18	In		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	In			19	In		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
<b>Good Hygienic Practices</b>				20	N/O		
6	In			Proper cooling time and temperature			
Proper eating, tasting, drinking, or tobacco use				21	In		
7	In			Proper hot holding temperatures			
No discharge from eyes, nose, and mouth				22	In		
<b>Preventing Contamination by Hands</b>				Proper cold holding temperatures			
8	In			23	In		
Hands clean and properly washed				Proper date marking and disposition			
9	In			24	N/A		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Time as a Public Health Control; procedures & records			
10	In			<b>Consumer Advisory</b>			
Adequate handwashing sinks properly supplied and accessible				25	In		
<b>Approved Source</b>				Consumer advisory provided for raw/undercooked food			
11	In			<b>Highly Susceptible Populations</b>			
Food obtained from approved source				26	N/A		
12	N/O			Pasteurized foods used; prohibited foods not offered			
Food received at proper temperature				<b>Food/Color Additives and Toxic Substances</b>			
13	In			27	N/A		
Food in good condition, safe, and unadulterated				Food additives: approved and properly used			
14	N/A			28	In		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored, and used			
<b>GOOD RETAIL PRACTICES</b>				Compliance with variance/specialized process/HACCP			
29	N/A			<b>Conformance with Approved Procedures</b>			

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	Pasteurized eggs used where required			43	X	X	
31	Water and ice from approved source			In-use utensils: properly stored			
32	Variance obtained for specialized processing methods			44	X	X	
<b>Food Temperature Control</b>				Utensils, equipment & linens: properly stored, dried, & handled			
33	Proper cooling methods used; adequate equipment for temperature control			45			
34	Plant food properly cooked for hot holding			Single-use/single-service articles: properly stored and used			
35	Approved thawing methods used			46			
36	Thermometers provided & accurate			Gloves used properly			
<b>Food Identification</b>				<b>Utensils, Equipment and Vending</b>			
37	Food properly labeled; original container			47			
<b>Prevention of Food Contamination</b>				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
38	Insects, rodents, and animals not present			48			
39	Contamination prevented during food preparation, storage and display			Warewashing facilities: installed, maintained, & used; test strips			
40	Personal cleanliness			49			
41	Wiping cloths: properly used and stored			Non-food contact surfaces clean			
42	Washing fruits and vegetables			<b>Physical Facilities</b>			
<b>Employee Training</b>				50			
51				Hot and cold water available; adequate pressure			
52				Plumbing installed; proper backflow devices			
53				Sewage and waste water properly disposed			
54				Toilet facilities: properly constructed, supplied, & cleaned			
55	X			Garbage & refuse properly disposed; facilities maintained			
All food employees have food handler training				Physical facilities installed, maintained, and clean			
56				Adequate ventilation and lighting; designated areas used			
57				<b>Employee Training</b>			
Allergen training as required				58			

# Food Establishment Inspection Report

Establishment: Midway Duck Inn

Establishment #: 21 100

Water Supply:  Public  Private

Waste Water System:  Public  Private

Sanitizer Type: Quaternary ammonium

PPM: 200

Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken noodle soup/stove	182	Baked beans/WIC	38	Housemade ranch dressing/RIC	40
Chili/stove	192	White gravy/WIC	39	Blue cheese crumbles/RIC prep	40
		Green beans/WIC	39		
		Baked potato/WIC	37		
		Milk/WIC	39		
		Corn/WIC	37		
		Au gratin potatoes/WIC	38		
		Corn fritter batter/WIC	40		
		Sour cream/RIC	40		

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
2	2-102.12 (C) Observed documentation that only (1) food employee has current CFPM or IL FSSM certification. This facility is classified as a Category I food establishment, and the person-in-charge must have current CFPM or IL FSSM certification and be on the premises during all hours of operation. Provide an adequate number of staff with approved CFPM certification to ensure that the person-in-charge has CFPM certification and is on the premises during all hours of operation. Please correct this violation within 90 days or at least by next routine inspection.
16	4-601.11 (Pf) Observed in back prep room Manitowoc ice machine white plastic ice flap soiled with accumulated debris and yellow substance. Wash, rinse, and sanitize food-contact surfaces routinely. White plastic ice flap cleaned & sanitized by person-in-charge during inspection.
43	3-304.12 (C) Observed in back prep room stainless steel ice scoop handle in direct contact with ice. Store in-use utensils: 1) in the food with the handle above the top of the food item; 2) on a clean and sanitized surface. Ice scoop removed from ice and placed back into ice with handle extended above ice by food employee during inspection.
44	4-904.11 (C) Observed at wait staff area container of silverware with food-contact surfaces in contact with handles of silverware. Clean utensils shall be handled, displayed and dispensed so that food- and lip-contact surfaces are protected from contamination. Food employee removed silverware from container and wrapped silverware in napkins during inspection.

CFPM Verification (name, expiration date, ID#): Todd Waldschmidt

Todd Waldschmidt L2SC-3-006124 - Learn 2 Serve Exp. 11/2025			
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HACCP Topic: TCS food reheating temperature requirements, employee health requirements, wearing masks

\_\_\_\_\_ Aug 11, 2021  
 Person in Charge (Signature) Date

Inspector (Signature) Paul Waldschmidt EL
Follow-up:  Yes  No (Check one)
Follow-up Date: \_\_\_\_\_

